

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Noel Martin Giesecke M.D.

Mailing Address P.O. Box 601795

City
Dallas

State
TX

Zip Code
75360-1795

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : C1920623

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey N. Gladstein M.D.

Mailing Address 4664 Meadow Bluff Ln.

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1920523

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard P. Goldman M.D.

Mailing Address 55 Rombout Rd.

City

Poughkeepsie

State

NY

Zip Code

12603-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : C1920764

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00